

confronted with more cases than he can possibly examine satisfactorily, takes the line of least resistance and labels him "anxiety neurosis," "psychopathic personality," or "temperamental instability," and advises invaliding. The psychiatrist is blamed for enabling to "get his ticket" a man who should have been disciplined—but all of us who held senior rank must share in the responsibility for this abuse of the term "invaliding."

Finally I should like to protest against the insinuation in some of your correspondents' letters that psychiatrists were greater cowards than the rest of us under fire.—I am, etc.,

Reigate, Surrey.

T. W. PRESTON.

SIR,—It would seem, on the authority of Mr. Michael Harmer (*Journal*, October 10, p. 696) and Dr. Richard G. M. Keeling (*Journal*, October 24, p. 823), that psychiatrists must have sadly deteriorated since my time in the 1914–18 war. This might naturally be expected to arouse a sense of gratification in my all-too-human heart were it not for the fact of the all-too-familiar ring about these same old crusted criticisms.

Dr. Keeling is even more damning than Mr. Harmer. His thrilling anecdote of the brave C.O. of the field ambulance in Tunisia taking the two pusillanimous psychiatrists to see the regimental posts is enough to disgrace the whole tribe. It was silly of them to ask to be shown a battalion position when their intellectual equipment, for which they are renowned, should have indicated the advisability of using field glasses. About the man who left the stretcher squad and ran rapidly in the direction of Algiers, I hope Dr. Keeling was not too disappointed when the psychiatrist was successful in reducing the charge of cowardice in the face of the enemy to absence without leave. Or did he think the man should have been shot out of hand without benefit of psychiatry? He does not say whether the man ran fast enough to reach Algiers. Incidentally, Dr. Keeling's fierce brigadier is irrelevant and nowadays largely a stage figure of fun. After all, his fierceness is only a defence reaction.

As for the comic minute of Mr. Churchill, quoted by Mr. Harmer, in which the psychiatrists are eloquently equated with hangers-on and camp followers, the profound conclusion, I suggest, is forced upon us that a sense of the ridiculous need not be combined with greatness. Should a further demonstration of this be required let me refer Mr. Harmer to the recent account in a Sunday paper of some similarly entertaining remarks alleged to have been made by the same Prime Minister about our own Lord Moran. In my opinion they were somewhat exaggerated.—I am, etc.,

Hythe, Kent.

FREDERICK DILLON.

SIR,—I should like to make a few comments on the letter written by Mr. Michael Harmer (*Journal*, October 10, p. 696). Mr. Harmer appears to be critical of the R.A.F. psychiatrist who gave a lecture on "Flying Stress" because he (the psychiatrist) had never been on an operational station. Although the appropriate R.A.F. authority would doubtless have been well advised to have arranged for the lecture to be given by an officer with *first-hand* knowledge of his subject, one is at a loss to understand the "embarrassment" by which the lecturer's audience was afflicted on hearing the speaker confess that he had no practical experience

of flying. It was probably not beyond the compass of the lecturer to make some useful observations on "flying stress" without himself having experienced the phenomenon, or been personally exposed to conditions apt to produce it. For instance, one cannot conceive of an assembly of troops having their confidence sapped by a suspicion that the medical officer delivering a lecture on scabies or venereal disease had never himself contracted these particular ailments.

The behaviour of the Army sergeant in standing stiffly to attention during the critical moments of a V.I. attack can only be described as an act of singular inanity, and no doubt the diagnosis was hurriedly changed from "lack of moral fibre" to "lack of cortical neurones." The Army authorities did not encourage personnel to expose themselves to *needless* risk. One marvels at the ubiquitous nature of your correspondent's wartime activities if in truth the anecdotes at his command stem from personal observations and not from idle hearsay in the officers' mess.—I am, etc.,

Menston, Ilkley.

J. TODD.

SIR,—I hope that psychiatrists will not fall to the bait recently dangled in your columns by Mr. Michael Harmer (*Journal*, October 10, p. 696). There is so much work to be done at present in psychiatry that we have neither time nor energy to waste in discussing things which are long past.—I am, etc.,

Driffeld,
East Yorkshire.

J. NEWCOMBE.

Fees for Drug Trials

SIR,—I understand that there is an obligation on Members of Parliament to "declare their interest" in any subject before they speak in debate, and that local councillors are forbidden to vote on matters in which they have a financial interest. I am accordingly amazed to discover that over the past few years some doctors who have published papers on trials of new products are in the habit of receiving fees, in money or kind, for doing so.

In my opinion an injustice is done to all articles dealing with this aspect of medicine, for many other people, apart from myself, will immediately regard them as tainted and suspect, however sincere and unbiased the authors may be.

I feel that it should be the policy of the editors of medical journals to insist that if any payment or grant is received by the author of any paper submitted to them, this information should be revealed in the various acknowledgments made.—I am, etc.,

London, N.W.11.

E. CRONIN.

Press Publicity

SIR,—I imagine many readers of the *Journal* must have been disturbed and surprised to read the account of the Norwich Clinical Meeting carried by the *Daily Telegraph* of October 24. In the light of the circular we all recently received from Association Headquarters about the undesirability of publicity, it was bad enough that the surgeon and anaesthetist concerned in the caesarean section which was televised over a closed circuit should have been named in the public press. That the patient and her family should have been similarly identified was even worse.